



PTO/SB/21 (08-00)

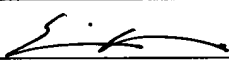
**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/334,646
	Filing Date	June 17, 1999
	First Named Inventor	Shunpei YAMAZAKI et al.
	Group Art Unit	2811
	Examiner Name	S. Hu
Total Number of Pages in This Submission	Attorney Docket Number	0756-1984

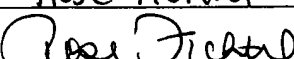
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures 1. 2. 3. 4. 5. 6.
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.

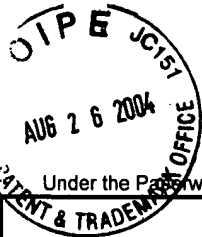
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	8-23-04

CERTIFICATE OF MAILING

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Type or printed name	Rose Fichtel		
Signature		Date	8-23-04

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**FEE TRANSMITTAL
FOR FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 600.00

Complete if Known

Application Number	09/334,646
Filing Date	June 17, 1999
First Named Inventor	Shunpei YAMAZAKI et al.
Examiner Name	S. Hu
Group Art Unit	2811
Attorney Docket No.	0756-1984

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

50-2280

Deposit
Account
NameRobinson Intellectual Property
Law Office

- ☒
- Charge Any Additional Fee
-
- Required Under 37 CFR 1.16 and
-
- 1.17 and credit overpayments

☐ Applicant claims small entity
status. See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$) .00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
63	-63** = 0 X \$18		\$0.00
Independent Claims 8	-10** = 0 X \$86		\$0.00
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) .00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65		Surcharge - late filing fee or oath	
1052 50	2052 25		Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130		Non-English specification	
1812 2,520	1812 2,520		For filing a request for ex parte reexamination	
1804 920*	1804 920*		Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*		Requesting publication of SIR after Examiner action	
1251 110	2251 55		Extension for reply within first month	
1252 420	2252 210		Extension for reply within second month	\$420.00
1253 950	2253 465		Extension for reply within third month	
1254 1,480	2254 740		Extension for reply within fourth month	
1255 2,010	2255 1005		Extension for reply within fifth month	
1401 330	2401 165		Notice of Appeal	
1402 330	2402 165		Filing a brief in support of an appeal	
1403 290	2403 145		Request for oral hearing	
1451 1,510	1451 1,510		Petition to institute a public use proceeding	
1452 110	2452 55		Petition to revive - unavoidable	
1453 1,330	2453 665		Petition to revive - unintentional	
1501 1,330	2501 665		Utility issue fee (or reissue)	
1502 480	2502 240		Design issue fee	
1503 640	2503 320		Plant issue fee	
1460 130	1460 130		Petitions to the Commissioner	
1807 50	1807 50		Processing fee under 37 CR 1.17(q)	
1806 180	1806 180		Submission of Information Disclosure Stmt	\$180.00
8021 40	8021 40		Recording each patent assignment per property (times number of properties)	
1809 770	2809 385		Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 770	2810 385		For each additional invention to be examined (37 CFR § 1.29(b))	
1801 770	2801 385		Request for Continued Examination (RCE)	
1802 900	1802 900		Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 600.00

CERTIFICATE OF MAILING

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SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Eric J. Robinson	Registration No.	38,285	Telephone	(571) 434-6789
Signature		(Attorney/Agent)		Date	8-23-04